828 753 or fainting, and also such localized trauma as abcesses. Similar behavior followed the influence of malevolent magical amulets, incantations, and love magic. Natural intrusions may be exemplified by the seasonal influences of rain, which brought on too much water element; of heat, which increased fire; and of wind, which cooled too much or brought in certain fevers, e.g. north fever (khai nüa). An accident was a natural cause of disequilibrium. A cut might let out the air or a soul.

774 [76] [753] Any lost soul, if not restored, meant death. Souls were lost from falls or frights or from spirit attack, a condition recognized by persistent crying, hysteria, and unconsciousness. The exits were at the top of the head, the palms of the hands, and the soles of the feet, the latter 2 sometimes localized at the 2 thumbs and the 2 great toes. One of the old beliefs associated an element with one of the four chĕttaphŭt souls (Textor:130). When one of these souls was lost one whole element was gone. Loss of the khwan soul was more frequent than any other, especially during childhood. Its care [844] throughout life was very much in mind. The khwan[18] played an especially prominent part during childbirth.

755 [762] [757] If a person were only slightly sick, he might first try to overcome his physical complaint by attention to diet. Very rarely did he by himself buy some medicine at a drug store. If it were a case of a child's lost khwan, women performed the rite for its recovery. When the khwan of an adult was affected, man performed a strengthening rite (thăm khwan), or a priest gave a holy water bath. If the person were very ill, holy cotton thread (săi sin) was tied at wrist, ankle, and neck so as to shut off the soul exits. An elder relative or spouse might also "hon," i.e. vow food or liquor in return for the help of supernatural beings; or, with Buddhist "sacred things" in mind, promise the ordination of the afflicted person, or oneself, or some interested relative. In this case, the relatives had long since turned for help from the arts of medicine.

278 755 The Arts of Medicine

Medical knowledge comprised on the one hand a pharmacology of materia medica, and on the other, the far more important

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18. The conceptualization of this soul was Brahmanic in source, rather than Buddhist (cf. Martinie, 1952:370).

844 In view of the stake of a child in the successful outcome of his own birth,[39] under what circumstances might a child not be helpful? This was explained by merit (bun) and habit (khoei).

Merit

782 828 761 844 Since merit, gained through virtuous behavior, determined a person's character, circumstances, health, and longevity, the merit of mother and child set the course of childbirth. It will be recalled that persons who lacked merit because of previous sins were cruel, lived short lives, and had to endure suffering, while meritorious persons enjoyed success, kindly natures, and long life. Yet an outwardly fortunate person might be at the point of merit-exhaustion, when suffering commenced. Any mother who suffered greatly lacked merit. In one case, "7 babies of a woman died young while the eighth and subsequent ones lived, proving she had to suffer greatly to work off some misdeed in former existences. She was given the trouble of bearing and feeding the child, and the child did not have enough merit to grow up, and so to feed her in return." Her punishment was to bear non-meritorious children who could not live. A woman's premature[40] death in childbirth was caused only by her own lack of merit.

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[171] 39. By way of contrast, consider how parturition is pictured in the United States. The active role is played by the midwife or doctor, or some other outsider, who "delivers," i.e. "liberates," the child from the womb, or frees the mother and baby from one another. "A child is born" presents the child as completely passive; in "to have a baby" the mother is relatively so. The most active English renderings are "to bear a child" and "to give birth to a child." It is noteworthy that modern anaesthetics have tended to increase the passivity of the mother.

40. The idea of a natural term of life was described in the Visuddhi-Magga: "The Karma that caused conception has ripened to a termination, although the dependence for continuing the series constituting the term of life be not exhausted. Death by the exhaustion of the natural term of life occurs when the span of life, the nutritive powers,... proper to any given grade of existence come to an end..." (Warren:252).

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A midwife or doctor could not be blamed, unless it was felt they did not help as much as they could have.

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A child lacking in merit died. Such individuals, for some reason, did enough at their own birth. Words of comfort to a surviving mother were, "your baby did not have enough merit to live." If particularly sinful, it died after making delivery unusually painful. "Once a child was born dead, but it teased the midwife by moving its legs a bit. Consequently, its death was not the fault of the midwife." The child's lack of merit was proved by its death and its maliciousness. There was no hostility towards any child born in a hard delivery, for if both mother and child survived, the demerit that caused the suffering was the mother's.

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On the other hand, a meritorious woman with a meritorious baby had a short, easy delivery. Such a child was considerate: "he will not hurt his mother, will help her to bear him easily, and will live."

A woman who safely came through childbirth felt deep satisfaction and new security. Bearing a child in itself did not bring any merit, though it was an act of mercy. Merit could come later with the ordination of a son. However, why one woman had successful or short labor, and another not, was unequivocally clear and accepted. If delivery were normal, she was confident of her and her child's store of merit. If not, she bore the anguish, convinced that she had brought it on herself in some previous life. Since sins were worked off with pain, every thrust made her future lives happier. Fear was minimized, for if death came, it was merit-determined.

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844 Moreover, her life would some day begin again. Whether birth was rapid or slow, the experience of the suffering deepened her sense of compassion and, as will be shown, brought her closer to fulfillment of her life role.[1]

Habit

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[761] If mutual help organized relationships, habit (khoei) stabilized them. Khoei means "to be used to, accustomed to, habituated." A first occurrence was an example and set the pattern for all subsequent occurrences. With one performance one was accustomed to an action. For instance, shortly after the temple was built 2 people died, deaths in Bang Chan "always occurred in pairs;" it was the temple's "habit." Moverover, "the head priest could never expel a priest because he had never done so." Again, a few women saw to it that during this period their babies were given a few grains of rice (even though they were far too young to be offered raw rice regularly), so that "later on, if they got sick,
[171] they could always at least eat rice," for "they would be used to it." "Glutinous rice was not good for babies in Bang Chan, but in North Thailand [where it was a staple] it could be eaten because people were used to it." Someone had set the example which started the custom.

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114 41. Bang Chan's Buddhist phrasing of the meaning of pain and death in childbirth seems to indicate that childbirth occurred under psycho-cultural conditions that induced relaxation and reduced fear and pain. An "easy" delivery lasted 2 hours. According to a modern medical theory, ©Dick-Read: Childbirth Without Fear, passim) lack of fear of childbirth leads to mental and physical relaxation which in turn reduces pain and labor. Dr. Dan Bradley observed that labor was shorter among Siamese women than among non-Siamese. "Facts seem to prove that parturition is both shorter and easier to Siamese mothers than is usual to Europeans and Americans" (Bradley, 1865:79). We accept his first-hand observation because he had 40 or more years of experience in delivering babies, both Thai and non-Thai (missionary wives, etc.), and suggest that it may be taken as proof of mental and physical relaxation derived from lack of fear. Although the missionary women may have been frightened because they were in a far country, Dick-Read argues that fear of childbirth has long been present among American women and this fear has the effect of longer, harder labor.

retreat (ōk phansā) in order that her child would come out (ōk) more easily. Here none sought to divide the worlds of the natural and the supernatural, or to mark off "imitative magic" from the "learning by example of the natural world." A stronger influence came from more powerful agents, so that the effects of the Buddhist temple carried greater effect than the actions of a mere neighbor. Yet any like influence was of aid, especially in a verbal similarity. Thus, an event occurring on a Friday was apt to be auspicious because the Thai name for Friday contains an element identical in sound (though etymologically different) to the word for happiness (wansuk=Friday; suk=happiness), and for the fortunate status of true adulthood (suk=mature, ripe).

Stability in a Floating World

In explaining why some children were "born easily and were easy to raise" (liang ngāi) certain persons simply said, "They were born into the right family. Those born to the wrong family usually die." In defining the "right" family, merit, habituation, and helpfulness converge.

Most families were thought to live together as a group in life after life. In view of the separateness of souls, how was this brought about? The key lay in the conviction that people who made merit together met in future lives. Since most merit-making was undertaken as an enterprise of the nuclear family, sometimes with close kinsmen and friends, they would find each other. Some of the eagerness of friends to help (chuai ngān) with cash or labor was in order to meet in later lives. These persons were used to each other, used to helping each other, and so might marry. Thus, if they lived rightly, the nuclear family, maybe with an infusion of beloved old friends, expected to carry on in the next existence. Although a family's prosperity proved its merit, and its wealth facilitated making more merit, continuity in time was not limited to the wealthy. Proof that a couple had been married in a previous life lay in the birth of a boy as first born. Such a couple was known as a "khū" (pair), and divorce was held to be highly unlikely.

How did a child find its "right" family? After whatever necessary stay in purgatory, the khwan soul of a deceased member roosted in a tree near to its old home, then flew into an accustomed womb. One recalls the start of the blessing (p.48), "Come, khwan! Come my own child!" A woman hoped that the khwan was one previously born to her. "A couple lost its first child. Later the wife was fearing for the life of their sickly second-born." The husband said, "It is according to your sin and merit. If the child is your own child, he will live with you. If not, he cannot."

761 Since only meritorious children were born into the
775 "right family," they were helpful and so easy to raise. The
593 easiest to raise were reincarnations of babies deceased in
829 the mother's present life. "A girl of three died. Her father
782 dreamed he was at her coffin. She asked for water which he gave her, then brought her home. Months later a boy was born, so easily raised up that people knew it was a reincarnation of that girl." Here amiability and the change to male sex demonstrated merit. In another tale, "a woman lost many babies at birth. Her husband, thinking it was the same child trying to be born to that mother, marked the forehead of the last deceased baby. His surmise proved correct, because the next baby born had this mark on its forehead."

This assumption that a woman's children were born to her over and over led to a measure of control over the cooperativeness of the child in the womb. A child trained to "good habits" became a meritorious adult who, when reborn, would of course "help" his mother in childbirth. It was advisable to set one's own child into paths of proper behavior, for he could be born again to a descendent, and in all likelihood to oneself.

On the other hand, families were not closed groups. "Like a leech that sticks in one place, then goes to stick somewhere else, so a deceased person may be reborn somewhere else," said a priest. The marriage blessing stated, "May angels, not criminals or beggars, reincarnate as your children." Thus was explained why upright parents might have a disobedient, roaming child. He had roamed into a new family which perhaps he had met during a pleasant casual visit to them in another life. If he did not stay home to make merit with his present family, a wayward child would roam out of it as easily as he came in. Here was the ultimate danger in visiting around too much.

761 Because all individuals lacking in merit died off at
593 birth, some of whom because they got into the wrong family,
782 a selective process continuously weeded out the extremely non-meritorious so that those who were born usually survived. In fact, Hauck's figure of 90.6 live births
[163] (1956:33), the percentage of total pregnancies shows how many meritorious babies were born to the right family!

852 The Winnowing Ceremony
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774 This ceremony, described in Dûan's tale, was usually performed shortly after delivery, though it might occur anytime during the first three days of a baby's life. The child, placed on the tray (twins were laid together or separately) was claimed by the mother or the father, who

severe injury, such as bruising by excessive pressing, or even in hysteria pulling the child to pieces in their effort to get it out.[66]

Secondly, a midwife offered success, not only as proof of competence, but as a substantive asset. It will be remembered that the initial shape of an event set the invariable pattern for its subsequent occurrences. Thus a parturient was virtually certain of successful childbirth if she called on a person who had the habit (khōəi) of success. It could not turn out otherwise. We have also seen that these successful midwives were good nourishers (liang dī). A new mother wanted to associate herself with such a fortunate sequence. Once established, a midwife's reputation was not unduly tarnished by the loss occasionally of a mother or baby. She might explain, "The woman did not do as I said," or "I was not given permission to do what I could have done, for her family feared she would be even more hurt by my putting my hand into the vagina." Death was, of course, only due to the running-out of the deceased's merit.

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66. To give something of the measure of their skill: if the feet of the baby appeared first, one man "straightened the legs by hand inside, held the chin carefully as the head came through," while another said, "Do not press or reach into the vagina. Let the baby come naturally." If an arm came first, or it were a breech presentation ("the baby is turned over"), the procedure was to "pull and press lightly," but it was conceded that neither the mother nor child could be saved. Expulsion of the placenta was frequently difficult. "It may take 2 hours or stay in 2 days or more. Some die when it is left in, but some do not." The technique of removal was to give a medicine, press, pull with the hands rubbed with alum for a better grip, with the woman in a crawling position. Some reached into the vagina to locate it. One woman had analysed her practice so as to know when to expect trouble: namely, in the later pregnancies and childbirths, i.e. the sixth and seventh, say, rather than in the early ones during a woman's younger years.

As to mortality, one "professional" man estimated 30 deaths of babies out of 230 deliveries in 50 years. Haanuk (1956) reported 90.6% live births (pp. 32-33), 7% of the babies dying in the first month, 11% within the first year (pp. 39-41). One should remember that the professionals had a greater proportion of difficult cases. One woman had delivered over 100 babies and "all lived."

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An old woman summed up significantly 2 attitudes saying, "In the old days people made more merit and so lived longer, but because we had no hospitals, the children died younger." The relation of good health and longevity to proper religious and moral behavior was fundamental in Bang Chan. If merit did not suffice, medical attention, traditional or modern, could not prolong life. Children, however, were tender (ɔ̃n) and easily prey to sickness.

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Traditional care could help them, but being delicate and tender like city people, children could also be helped by modern hospital care.

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Between the 2 systems people sensed little conflict, for each patient made a preliminary diagnosis of his symptoms and sought the type of assistance his diagnosis and convenience indicated. Mɔ̃ with some knowledge of both systems might offer their patients a choice of remedy. With the right diagnosis, magic, and medicines, a quick cure was expected. If not forth-coming, people were disappointed and moved to another specialist for his help. Modern medicine merely took its place as one more recourse.

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The basic handicap of modern medicine was that it had no magical resources or holy water. "Its effectiveness is limited to the properties of the ingredients." Old medicine on the other hand had, in addition to these properties, "The strength of the mɔ̃'s incantation plus the power of every person who learned and used that incantation, back to the time of its discovery, centuries ago." Thus where the medical schemes offered the same specialty, as in fevers, bone-setting, or obstetrics, the old appeared to offer more resources.

Besides its deficiencies in magic and strength-making attributes, modern medical care had other drawbacks. First, it was not accessible. A trip to Bangkok for medical purposes involved far more time than a day. Mīnburī's Health Center was a feasible trip, even for a woman in labor (stays ranged from 6 to 24 hours). Home arrangements for tending children, feeding buffalo, and other chores were less demanding. Bang Chan's eagerness for local modern care was shown when a Bangkok physician visited Bang Chan for a few times as part of a nutrition study. He was besieged with private requests for medical advice. Secondly, modern medical care was expensive. In Bangkok, after the expense of getting there, taxis, food, and housing costs for accompanying relatives, hospital, and doctor's fees sometimes meant losing the family gold and even land. Mīnburī's costs were closer geared to farm income, but medicines appeared costly. "Modern drugs taste and act better, but the poor have to use the old." Third,